

COMMONWEALTH OF VIRGINIA - DEPARTMENT OF HEALTH OFFICE OF EMERGENCY MEDICAL SERVICES 109 Governor Street, Suite UB-55 - RICHMOND, VA 23219

APPLICATION

Wheelchair Interfacility Transport Vehicle

Please Print or Type

Agency Name:		EMS Agency No	
Mailing Address:			
(City)	(State)	(Zip Code) (City or County)	
Agency Telephone Number: ()	FAX #: ()	
Agency E-mail Address:	@		
Type of Application: □ Initial	□Recertification	☐ Change of Classification	
Hours of Operation: ☐ 24 Hours	□ Other		
Month and Year Agency Established	: Month: Ye	ear:	
Month and Year Agency began EMS	Operations: Month:	Year:	
Does Agency employ EMS personne	el? 🗆 No 🗆 Y	´es	
COMMUNICATIONS			
Dispatch Facilities: ☐ Agency	☐ Central Dispatch S	pecify:	
□ Other Specify: Di	spatch Business Telepho	one #: ()	
Dispatch Frequency: TX	RC	CTCSS-PL	
Other Frequencies: 1) TX	RC		
2) TX	RC		
Notified By: □ Radio (Voice) □ Radio	adio (Paging) □ Telepho	one	
Number of Radios: Mobile	Portable	Paging	
Emergency Telephone Number:	911 □ Other ()	
Emergency Telephone Listed for Pu	blic: □ Yes □	No	

PHYSICAL LOCATION OF AGENCY & DIRECTIONS FROM MAJOR ROUTE NUMBER:

AGENCY'S OFFICIAL RE	PRESENTATIVE	(S) OR OWNER(S)	
1. NAME:		TITLE:	*RACE:
(Last)	(First)	(MIDDLE)	
SOCIAL SECURITY NUMBE	ER:	DATE OF BIRTH	: <u></u>
ADDRESS:		TELEPHON	VE: <u>(</u>)
		TELEPHONE	(Daytime) Ξ:()
		TELEPHON	(Evening)
E-MAIL ADDRESS:	@		
2. NAME:		TITLE:	*RACE:
(Last)	(First)	(MIDDLE)	
		DATE OF BIRTH	
ADDRESS:		TELEPHON TELEPHONE	E: <u>(</u>)
		TELEPHONE	(Daytime) E: ()
E-MAIL ADDRESS:	@		(Evening)
*NOTE: Race -To be used solel	y for the purpose of	criminal background checks and is	required by the Virginia State Police
Is representative/owner involved in	management (i.e. ow	ner, officer, etc) of another licensed VA	λ EMS agency? □ YES (explain) □ NO
Does representative/owner have pr	evious experience ope	erating an EMS agency?	ES (explain)
If yes, has EMS license of that age	ncy ever been suspen	ded or revoked?	ain) 🗆 NO
VEHICLE (S) INSURER			
(Underwriters)		(Policy #)	(Expiration Date)
◆ AGENCY REPRESENTATIV	/E'S SIGNATURE	<u> </u>	
Name:		TITLE	:
SIGNATI IRE:		DATE:	